

## **ANTENATAL LACTATION CLINIC – REFERRAL ASSESSMENT AND PREPARATION**

*This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.*

### **1. AIM**

- Identify, assess and manage a woman with an adverse or clinical issue in the antenatal period that may affect her lactation.

### **2. PATIENT**

- Pregnant woman birthing at The Royal Hospital for Women.

### **3. STAFF**

- Medical and midwifery staff

### **4. EQUIPMENT**

- Nil

### **5. CLINICAL PRACTICE**

- Provision of breastfeeding education and support will occur in the antenatal period as per Baby Friendly Health Initiative implementation standards(1)
- Enquire about previous baby feeding experience and breastfeeding knowledge
- Review maternal history and identify any concerns relevant to breastfeeding
- Visualise (with consent) the woman's breast anatomy as part of the overall antenatal pregnancy assessment
- Offer the woman an appointment in the Antenatal Lactation Clinic with the Lactation Consultant for additional support if indicated.
- Organise follow up appointments with Outpatient Clinic Administrative Officers Assistants, and advise the date of the next clinic and available appointments

#### **Referral criteria:**

- Breast surgery
- No increase in breast size by 3<sup>rd</sup> trimester
- Identification of breast hypoplasia
- Previous complicated breastfeeding history/poor supply
- Inverted nipples Grade 2-3
- Polycystic ovarian syndrome with no breast changes/poor history as above
- Nipple vasospasm
- Women with a pre pregnancy Body Mass Index (BMI) >30
- Diabetes Mellitus/ Non-Insulin Dependent Diabetes Mellitus. (NIDDM)/Gestational Diabetes mellitus (GDM).

#### **Referral process:**

- Discuss identified issues/concerns with the woman and the role of the Antenatal Lactation Clinic
- Commence referral process if woman agrees for consult with the Lactation Consultant
- Contact the administrative assistant in the Antenatal Outpatient Clinic and organise next available appointment. Appointments for the Antenatal Lactation Clinic occur the first Wednesday of each month from 1-4pm in the Outpatients Department.
- Administrative officer of Outpatients Department RHW will arrange medical records to be available for the consultation.

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**CLINICAL POLICIES, PROCEDURES & GUIDELINES**

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Approved by Quality & Patient Care Committee  
3 March 2016

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- Advise woman of date, time and venue of appointment.
- Ensure the woman accessing a continuity of midwifery care model is accompanied by a midwife whenever possible.

**The appointment:**

- Schedule a half hour appointment. Follow up appointment will be made on the day if required
- Document in the integrated notes plus the addition of a “Lactation” sticker on the woman’s antenatal card
- Provide the woman with an agreed breastfeeding plan and place a copy in her integrated notes

**6. DOCUMENTATION**

- Antenatal notes
- Antenatal records
- ObstetriX

**7. EDUCATIONAL NOTES**

- Health education and supportive interventions can have a positive impact on breastfeeding initiation rates. (1)
- Health professionals (Midwives and medical officers) play a key role in providing education and support to improve breastfeeding practices.(2)
- Emphasis should be placed on the need for realistic antenatal preparation. It is important to promote timely and parent-centred breastfeeding support, particularly in the immediate postpartum period.(3,4)
- Effective social support, combined with reassurance and guidance from skilled practitioners (midwives, medical officers and lactation consultants), can help women to overcome difficulties and find confidence in their own abilities to achieve their feeding goals. (3,4)
- Antenatal education and postnatal support strategies have found to significantly improve rates of exclusive breastfeeding at 6-month postpartum. Combined individual and group counselling has appeared to be superior to individual or group counselling alone. These strategies have also significantly been found to improve exclusive breastfeeding rates at 14 days, 1, 2, 4, 5, and 6 months postpartum (3,5).
- Cosmetic augmentation breast surgery may effect a reduced rate of breast milk and feeding among women who have undergone breast augmentation and this may underscore the importance of identifying, supporting and encouraging women who are vulnerable to a lower likelihood of exclusive breastfeeding (5). Women who do not have an increased breast size during pregnancy and who have had cosmetic augmentation surgery should be referred as per the Referral criteria.
- The presence of breast implants does not necessarily impact on lactation or ability to breastfeed (5)
- Women with Polycystic Ovarian Syndrome who report to have no breast changes during pregnancy are at higher risk of experiencing a poor or low supply of breastmilk. Women with PCOS who had no breast size increment in pregnancy seem to be more metabolically disturbed and less able to breastfeed (6).

**8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP**

- NSW Department of Health 2011 PD2011\_042 *Breastfeeding in NSW: Promotion, Protection and Support*
- Breastfeeding – Protection, Promotion and Support

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**9. RISK RATING**

- Medium

**10. NATIONAL STANDARD**

- Standard RH – Reducing Harm

**11. REFERENCES**

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**REVISION & APPROVAL HISTORY**

Reviewed and endorsed Lactation Working Party February 2016  
Approved by Quality & Patient Safety Committee 21/6/12  
Obstetric LOPs Committee February 2012

**FOR REVIEW : MARCH 2019**